

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD	10/70017	8/17/00
O.I.P.E. CLASSIFIER			8/12/00
FORMALITY REVIEW			9/15/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/17/00
2	✓	✓	8/17/00
3	✓	✓	8/17/00
4	✓	✓	8/17/00
5	✓	✓	8/17/00
6	✓	✓	8/17/00
7	✓	✓	8/17/00
8	✓	✓	8/17/00
9	✓	✓	8/17/00
10	✓	✓	8/17/00
11	✓	✓	8/17/00
12	✓	✓	8/17/00
13	✓	✓	8/17/00
14	✓	✓	8/17/00
15	✓	✓	8/17/00
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18	✓	✓	8/17/00
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If more than 150 claims or 10 actions  
 staple additional sheet here

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